

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36080  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City St. Louis (d) Street No. Jewish Hospital St. **9657**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. 1 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E. Kohl

(a) Residence, No. 3250 A Pennsylvania Ave. St. **24**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late George Kohl  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
74 3 9  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
13. NAME Peter Moore  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT Mrs. Ida Kiefer  
(ADDRESS) 3250 A Pennsylvania Ave.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE 10-18 1937  
19. FUNERAL DIRECTOR Kriegshauser Mortuaries  
(ADDRESS) 4228 So. Kingshighway  
20. OCT 18 1937 J. H. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to October 16 1937

I last saw him alive on October 16 1937 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus with metastases

Other contributory causes of importance:

arteriosclerotic Hypertensive Heart Disease  
Old Hemiplegia, right

Name of operation..... Date of.....  
What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....  
(Signed) Jo. M. Orenstein M. D.  
(Address) 5300<sup>a</sup> Easton Ave

*Mr. Weinstein*  
*4418 Forest Park*

STATEMENT BY LICENSED EMBALMER

I, *Reinhold K. Lohman*

Licensed Embalmer No. *3395*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *myself*

L. E.

No. .... or by .....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Reinhold K. Lohman*

Licensed Embalmer No. *3395*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**